

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # _____		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	1FW	7/15/04	\$130
<input type="checkbox"/>	Issue		8/26	\$130
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 260
		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
		9 <span style="border: 1px solid black; padding: 2px;">50--2213</span>		
10 REASON:				
<input type="checkbox"/>	Overpayment			
<input checked="" type="checkbox"/>	Duplicate Payment (130)			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
PTO ELNOL				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>ABROWN</u>		TITLE: <u>ATTY</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-236-1076</u>		
OFFICE: <u>DP</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>9/8/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: